Disclosure Report Cover Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information								
1. Committee Infor	mation							
a. Full Name					c. ID Number			
Committee to Elect Jerry V. Dove for Mayor b. Mailing Address (include City, State and Zip Code) A. Date Filed								
P. O. Box 10027 e. Phone Number								
Southpo	(910) 454 - 9020							
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period 1 (mm/dd/yy)	End Date	5. Treasurer Full	Name			
2015	01-01-2015		2-2015		P. Miller			
6. Type of Committ		9. Type of Report		ly one type of report				
Candidate Campa	eign Party Referendum	Municipal Organizational	State/Co	ounty Organizational	Referendum Organizational			
Independent Expenditure	Joint Fundraiser	Thirty-five day	-	Quarterly	Pre-referendum			
Legal Expense For Type of Fund	und (if applicable, check one)	Pre-primary	In	First	Final			
"Booster Fund"	in approved and and	Pre-election	15	Second	Supplemental Final			
Building Fund		Pre-runoff		Third	Annual			
		Semi-annual Mid Year	. 凵 。	Fourth	Special			
Other:		Year End		Semi-annual Mid Year	10. Special Report Name			
C. Carte.		Final	一一一	Year End	14. Special scapul () and			
8. Number of Fund	raisers this Report	Special		Pinal Special				
11. Account Inform	ation		11. Account la	nformation				
a. Financial Institution l	Full Name		a. Financial Institution Full Name					
BBet								
b. Purpose	c. Account Code		b. Purpose		c. Account Code			
Campaian Committee	EFM							
committee	d. Period Begin Balance				d. Period Begin Balance			
	s Ø				\$			
CERTIFICATION								
the NC General State	utes and that no funds are co	mmingled with proh	ibited or other n	on-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report			
1 //	correct and that I have been	trained by the NC	Late Board of E	William	09-28-2015			
Cher	Printed Name of Signer		ignature of Appoints	ed Treasurer	Date			
FOR OFFICE USE C	DNLY							
Date Received:		Employee:	D) E C	ELVEU	Delivery Method Normal Mail			
Date Postmarke	d:	Employee:	SEP	28 2015	Registered Mail Hand Delivered			
Date Scanned:		Employee:	BRUNSW	VICK COUNTY	Electronically Filed Signer has not received			
Date Data Enter	ed:	Employee:	BOARD O	F ELECTIONS	mandatory training			
Please Note: Thi		end committee infor n of books informat			ss, treasurer, assistant treasurer,			
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.								

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) 2. T	ype of Report		3. ID Number
formittee to Elect Jerry V. Dove for Mayor this	rty-fil	le day report	N /A
Start of Election Cycle: January 1,	015	Total this Reporting Period	Total this
4) Cash on Hand at Start		\$ D	Election Cycle
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.00	\$ 50.00
6) Contributions from Individuals	(CRO-1210)	\$1900.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d a	ınd 11e)	\$1,950.00	\$ 1.950.00
<u>EXPENDITURES</u>		,	
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 400.00	\$ 400.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 13.74	\$ 13.74
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and		\$ 413.74	\$ 413.74
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin	e 18)	\$ 1536.26	\$ 1536.26
<u>ADDITIONAL INFORMATION</u>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Amendment

No

							Yes No	
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used								
1, Committee Full Name (and Fund if applicable) 2. ID Number								
CON	mi Hee	N/A						
	me, Mailing Address			Add Rei	move '	d. Comment		
(include city, state, & zip)								
	rry V.I O.Box 1000			c. Employer's Name/Sp		Contribution - Open Account		
So	uth part, N	.C.28461		N/A		e. Election S	05 00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy		k. Amount	
	EFM	Check			01-13-	2015	\$ 200.00	
							\$	
							\$	
	ibutor Informatio			T	nove			
	me, Mailing Address (city, state, & zip)	& Phone		b. Job Title/Profession		d. Comments	8	
William 5. Lucas, Sr. 300 trott St.				c. Employer's Name/Specific Field		Contribution e. Election Sum to Date		
	, , , , , , , , , , , , , , , , , , ,	N.C. 28465	·			\$ 1000.00		
f. Prior	g. Account Code	h. Form of Payment	t. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	EFM	Check			07-21-6	2015	\$ 1,000.00	
			1					
							\$	
							\$	
3. Contri	ibutor Informatio	on.		Add Rem	nove		\$	
a. Full Nan	ne, Mailing Address &			Add Rem	nove	d. Comments	\$	
a. Full Nan (include Lind	ne, Mailing Address & city, state, & zip) P. Ke	& Phone					\$	
a. Full Nan (include Lind	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession Refived c. Employer's Name/Spe			s ribution	
a. Full Nan (include Lind	ne, Mailing Address & city, state, & zip) P. Ke	& Phone lley St.		b. Job Title/Profession		Con+	s s ribution um to Date	
a. Full Nan (include Lind	ne, Mailing Address & city, state, & zip) P. Ke W. West S	& Phone lley St.	i. In-K	b. Job Title/Profession Refived c. Employer's Name/Spe		Contection Su	s ribution	
a. Full Nan (Include Lind 106 Sout	ne, Mailing Address & city, state, & zip) & P. Ke W. West S thport, N.	& Phone lley St. C.28461	i. In-K	b. Job Title/Profession Refived c. Employer's Name/Spo	ecific Field	Contection Suspension	s s vibution im to Date	
a. Full Nan (Include Lind 106 Sout	ne, Mailing Address & city, state, & zip) P. Ke W. West S thport, N. g. Account Code	R Phone Iley St. C. 28461 h. Form of Payment	i. In-K	b. Job Title/Profession Refived c. Employer's Name/Spo	j. Date (mm/dd/yyy	Contection Suspension	s s ribution im to Date 30.00 k. Amount	
a. Full Nan (Include Lind 106 Sout	ne, Mailing Address & city, state, & zip) P. Ke W. West S thport, N. g. Account Code	R Phone Iley St. C. 28461 h. Form of Payment	i. In-Ki	b. Job Title/Profession Refived c. Employer's Name/Spo	j. Date (mm/dd/yyy	Contection Suspension	s s ribution am to Date 30.00 k. Amount \$ 200.00	
a. Full Nan (include Lind /06 Sout f. Prior	ne, Mailing Address & city, state, & zip) a. P. Ke W. West S thport, N. g. Account Code EFM only this Page	Rephone Iley St. C. 28461 h. Form of Payment Check	i. In-Ki	b. Job Title/Profession Refived c. Employer's Name/Spo	j. Date (mm/dd/yyy	Contection Suspension	s s ribution am to Date 30.00 k. Amount \$ 200.00 \$	
a. Full Nan (include Lind /OL Sout f. Prior	ne, Mailing Address & city, state, & zip) a. P. Ke W. West S th port, N. g. Account Code EFM only this Page of ALL CRO-	Rephone Iley St. C. 28461 h. Form of Payment Check		b. Job Title/Profession Refived c. Employer's Name/Spo	j. Date (mm/dd/yyy	Contection Suspension	s s ribution am to Date sb. 00 k. Amount \$ 200.00	

Contributions from Individuals

Amendment

		m Individuals	over \$5	Pg 50 or contributions unde	of er \$50 if form CR		Amendment Yes No		
	1. Committee Full Name (and Fund if applicable) 2. 1D Number								
OM IN 3. Contr	ittee to	Elect ter	ryV	Dove for M	layor	NIA			
	me, Mailing Address			b. Job Title/Profession	NOTO	d. Comment	is.		
(include	city, state, & zip)			0 1					
Ro	y C. Dani	el		c. Employer's Name/Specific Field Co			ntribution		
120 N. Bay St.				NIA		e. Election S	um to Date		
		, N.C. 28461	,			\$ 20	\$200.00		
f. Prior	g. Account Code	h. Form of Payment		Kind Description	j. Date (mm/dd/yy		k. Amount		
	EFM	Check			07-31-2	015	\$ 200.00		
							\$		
							\$		
	ibutor Informatio			Add Rem	nove				
	ne, Mailing Address é city, state, & zin)	& Phone		b. Job Title/Profession		d. Comments			
James H. Griffith			c. Employer's Name/Specific Field		Contribution				
44:	31 Hillow	Moss Way		NIA		e. Election Sum to Date			
Sou	thport, N.C	2.28461				\$ 200.00			
f. Prior g. Account Code h. Form of Payment i. In-Kind D			i. In-l	Kind Description	j. Date (mm/dd/yyyy) k. Amount				
		l .					l e .		
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	EFM	Check			08-07-2	015	\$ 200.00		
	EFM	Check			08-07-2	015	\$ 200.00 \$		
	EFM butor Informatio			Add Rem		015	\$		
3. Contri	butor Informatio	n		Add Rem		d. Comments	\$		
3. Contri a. Full Nam (include o	butor Informatio ne, Mailing Address & city, state, & zip)	n			ove	d. Comments	\$		
3. Contri a. Full Nam (include o	butor Informatio ne, Mailing Address & city, state, & zip)	h Phone Kuzen Ko		b. Job Title/Profession Retired	ove	d. Comments	s ribution		
3. Contri a. Full Nam (include of	butor Informatione, Mailing Address & city, state, & zip)	Marhone Kuzen Ko		b. Job Title/Profession Retired	ove	d. Comments Con+ c. Election Su	s s ribution		
3. Contri a. Full Nam (include of	butor Informatione, Mailing Address & city, state, & zip) Mas M. Park Ave	Marhone Kuzen Ko	i. In-k	b. Job Title/Profession Retired	ove	d. Comments Con+ c. Election Su \$ /0	s s ribution		
3. Contri a. Full Nam (include of	butor Informatione, Mailing Address & city, state, & zip) Mas M. Park Ave th port, N.	Kuzenko C. 28461	i. In-k	b. Job Title/Profession Retired c. Employer's Name/Spec	ove cific Field	d. Comments Lon+ e. Election Su \$ /00 y)	s sibution on to Date		
3. Contri a. Full Nam (include of	butor Informatione, Mailing Address & city, state, & zip) Mas M. Park Ave th port, N. g. Account Code	h. Form of Payment	i. In-k	b. Job Title/Profession Retired c. Employer's Name/Spec	ove cific Field j. Date (mm/dd/yyy	d. Comments Lon+ e. Election Su \$ /00 y)	s s ribution Im to Date 0.00 k. Amount		
3. Contri a. Full Nam (include of	butor Informatione, Mailing Address & city, state, & zip) Mas M. Park Ave th port, N. g. Account Code	h. Form of Payment	i, In-k	b. Job Title/Profession Retired c. Employer's Name/Spec	ove cific Field j. Date (mm/dd/yyy	d. Comments Lon+ e. Election Su \$ /00 y)	s s ribution m to Date 0.00 k. Amount \$ 100.00		
3. Contri a. Full Nam (include of /// /// Soud f. Prior	butor Informatione, Mailing Address & city, state, & zip) Mas M. Park Ave th port, N. g. Account Code	h Phone Kuzen Ko C. 28461 h. Form of Payment Check	i, In-k	b. Job Title/Profession Retired c. Employer's Name/Spec	ove cific Field j. Date (mm/dd/yyy	d. Comments Con+ e. Election Su \$ / 0 a y) 2 01.5	s s ribution m to Date 0.00 k. Amount \$ 100.00 \$		
3. Contri a. Full Nam (include of /// /// Sowt f. Prior	butor Informatione, Mailing Address & city, state, & zip) Mas M. Park Ave th port, N. g. Account Code EFM	ha Phone Kuzen Ko C. 28461 h. Form of Payment Check	i. In-k	b. Job Title/Profession Retired c. Employer's Name/Spec	ove cific Field j. Date (mm/dd/yyy	d. Comments Con+ e. Election Su \$ /00 y) 2 0/5	s s ribution m to Date 0.00 k. Amount \$ 100.00		

		C Contributions From Individual	duals of \$50 or less			Yes X
	ee Full Name (and Fu				2. ID	Number
Commi	ttre to El	ert Serry V.D	ove for May	or	N	/A
	b. Account	T	d. In-Kind			
a. Amend	Code	c. Form of Payment	Description	e. Date (mm/dd/yyy	y).	f. Amount
Add	nove EFM	lash				\$50.00
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Remo	ove				1	\$
Total onl	ly this Page				\$ 5	6.00
Total of	ALL CRO-1205 P	ages			-	
	be on line 5 of Detailed Su	_			\$ 5	0.00

Amendment

Disbursen	nents			Pg	l of	Amendment Yes No
Use this form t	to report expenditures	from the commit	tee for; operating e		s, contributions to	
The second secon	d coordinated party ex Full Name (and Fun	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.				2. ID Number
Commit			. Dove for N	DAUL	~	N/A
3. Type of Dist	hursement (Ple	ase use separate (CRO-1310 forms fo	or each	tune of Dishursen	
Operating			andidates/Political Com			cordinated Party Expenditures
4. Payee Inform			Add		Remove	Munico I mry Lapanenae
	iling Address & Phone		b. Coordinated Con	mmittee !		d. Comments
(include city, state			D1 000	Austra	Mine	
	Water We	c. Level Registered	/Enerify		Website build out & content development	
1 Ashle	ys. Park		Federal	(Specing)	County:	E CONTENT GEVEN
			State		Municipality:	e. Election Sum to Date
	pon Way				Avadamo-grammy.	- 1
Oak I	Sland, N.C. g. Form of Payment	28465				\$ 400.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/)	vyyy)	j. Amount	k. Required Remarks
EFM	Check	0	09.03.2		-	Websitedevelopment
				\ VI =	\$	WENST I CHERENDINED.
4. Payee Inform	mation		Add		Remove	
	iling Address & Phone	board	b. Coordinated Con	nmittee N		d. Comments
(include city, state,	-		0, 000.	/ 1612	ame	G. Commens
	1					
			c. Level Registered ((Specify)		
			Federal		County:	
			State		Municipality:	e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	/ууу)	j. Amount	k. Required Remarks
					•	
					\$	
					\$	
4. Payee Inform	mation		Add		Remove	
	ling Address & Phone		b. Coordinated Com	amittee N		d. Comments
(include city, state,						u. Cymuno
10000	Ch Life					
			c. Level Registered ((Specify)		
			Federal		County:	
			State		Municipality:	e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	vvy)	j. Amount	k. Required Remarks
				1887		The standard of the standard o
				70 11	\$	
					\$	
5. Total only thi	is Page					\$ 400.00
	CRO-1310 Pages					3 7 00 . 0 7
	line 13a of Detailed Sum	mary Page CRO-1100) if Operating Expense:	s)		
(This line goes in	n line 13b of Detailed Summ n line 13c of Detailed Summ	mary Page CRO-1100) if Contrib to Candidat	tes/Politica		\$ 400.00
	les (List detailed exp			Эрепии».	resj	
A* - Media	B* - Printing	C* - Fundi			D - To Another	- Caralidata
E - Salaries	F* - Equipment	G - Politica				r Candidate Public Office Expenses
I - Postage	J - Penalties		e Expenses			to Legal Expense Fund
O* - Other						

Aggregated	Non-Media	Expenditures
------------	-----------	---------------------

Page / of / Amendment No

		ort NC Non-Medi		of \$50 or less.			
1. Commit	tee Full Name (a	and Fund if applica	2. ID Number				
Comm	ittee to	Elect ten	N/A				
3. Payee In	The same of the sa	T		1			
a. Amend Add Remove	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy) 18/26/2615	f. Amount \$ 13.74	g. Required Remarks Debit by Harland CKS For CKS. Oleposit ticks	
Add Remove					\$	The state of the s	
Add Remove					\$		
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Add Remove					\$		
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4. Total o	nly this Page				\$ 13,74		
	FALL CRO-	1315 Pages Detailed Summary Page	CRO-1100)		\$ 13.74		
	e Codes (List	detailed expendi	ture code in (d) above)		lote	
B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* Equipment G - Political Party H* - Holding Public Office Expense I - Postage J - Penalties K* - Office Expenses Q* - Donations to Legal Expense From O* - Other						Office Expenses	
* Codes	* Codes require detailed explanation in required remarks field (g)						